MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian, Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND buriof, b. CITY OR TOWN III outside corp c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and five nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 YES NO NAME OF Month Day Year DECEASED YOU (Type or print) 19 5 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS last birthdoy) Months DIVORCES -VIS. 100. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 6 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME oge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: of Persons IMMEDIATE CAUSE (6) **DUE TO** 5 Conditions, if any, which gove rise to immediate cause gup **DUE TO** (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 9 PERFORMED? pending YES [ NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. should the ward 20d. INJURY OCCURRED | 20e. PLACE OP INJURY (Home, form, | 20f. (City or town) Month, Day, Year (Count (Stote) ntificate, writing the war to the Chief Medical E INRECTOR: Roge 3 shu pctory, street, office bldg. While Not while of work of work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection R. Inquiry and find that death resulted from: Notural causes . Accident N, Suicide , Homicide Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER NAME (Type) cute forw 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) ø FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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41107 tolons Bertta Stolland ACCESSES ENERGICALISM ACINET NO 12/2 + + + + 16+7 Comminuted Fracture 2. Classicle Acto secretary, suto-object Type 19 5 - 11-11 to 8 full to 1 st. Charcelont to 1 mpd " BUREAU V. S. THE NON THE STATE OF THE PROPERTY OF THE PROPE NON IT MISSO -Maryle Example No Example RECEIL Le de Just - Sulling Mars Mars

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

# TO ATTACHING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be exect NSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1139 CERTIFICATE OF DEATH

11371

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Hartord MARYLAND	STATE Mel COUNTY Startma
CITY (if outside corporate limit), write RURAL   LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and/give neeres/town)
TOWN (in this place)	TOWN Benson
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (If ryfal give focetion)
STREET ADDRESS	Murae of
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yaar)
(Type or Print) Sevial Henry De	achman DEATH ## 7, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	- C   C   M - C
Male white I perhower lug	15-1877 7 YES, Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during and) of working life, even if	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
retired farmer tarm	Treenwood Julion, to
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Hachman	Dene ann Dujon
15. WAS DECEASED EVER IN U/S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give/war or detes of service)	17. INFORMANT & ADDRESS
100 218-10-43	41 Margares wacuman
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
SMMEDIATE CAUSE IA) CARDIO - RESPI	TRATORY FAILURE 12 HOURS
9117.70	
DISEASES OR CONDITIONS, IF ANY, (B) HRTERIO SCLERO	OTIC CARDIO-VASCULAR DIS, 5 YEARS
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Or accurate was dispersional to 1 and a section	YES NO W
21s. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. While Not white at work	
22. I hereby certify that I attended the deceased from	1951 to 7NOV 1956, that I last saw the deceased
Alle is and	Tice A. M., from the causes and on the date stated above.
SIGNATURE AL DE S	ADDRESS (Street, city, lown, state) DATE BIGNET
M. F. Helleville Im V 1 M.D. 13	el aur, may Thou 56
23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
Rurial 100 4,06 Houdon	Vario Rullo-ma
24. REC'D BY REGISTRAR OF REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE IVOVI - Cruscella Formantia	worther senson ma

OF STOWNSLE SPEAKING TRUMP AND STATE CHALVRAN

# STARO RO STADRITHER OF DEATH

Porter of a Contact

BUREAU V. E.

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1 1	1	em 18 Film GMARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11372
8 8 F.	24	AMEDICAL EXAMINER'S CERTIFICATE OF DEATH
should be cremation		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission)  o. COUNTY  ANALYLAND  O. STATE  D. COUNTY  O. STATE
Page		CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
ior to	-	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
ra-dip	3.	NAME OF DECEASED A Middle Lost 4. DATE Month Doy Year
for you	5.	EX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In 1901) IF UNDER 17EAR IF UNDER 24 HRS
3 to the ville of with the	100	WIDOWED DIVORCED 5 - 6 7 5 7 yrs. Marin Days Min.  USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
ond 2	L	Jeveler Jeweller Jewellry Ky XSA
I STORY	13.	John Blevins Elizabeth Signer
File Soge		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT La 18 Blaving RD 3 Bellings.
PM3. G	F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: (D) (4) (1) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Hem 18		420. Due to Coronary occlusion
pencil in the exect of the pencil in the pen		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse tast.
nding" in ris Office used os o	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMER?  YES 1 NO 1
S e e e	CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
the word sicol Exam a 3 should	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (State)  Hour a. m. While Not while of work
ring It		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and find the death resulted from: Natural causes, Accident, Suicide Homicide, Undetermined cause
FCTON W		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
WERAL DIR		SIGNATURE A.D. CHIEF MEDICAL EXAMINER ()  ASSISTANT MEDICAL EXAMINER ()  ASSISTANT MEDICAL EXAMINER ()
For the state of t	220	NAME (Type) ( ) A DEPUTY MEDICAL EXAMINER (Type) ( ) BURIAL, CREMATION, 22b. DATE THEREOF (Stole) (Stole)
2 4 6	23.	FINAL DIRECTOR'S SIGNATURE  ADDRESS  JAG. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
S. A15ME(5) 5M 9/55	L	Joseph I dister Osel an Md DATE 11- 4.5% Privilla Louvirod

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Harford	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Harford							
b. CITY OR TOWN RURAL ond give		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Edgewood R.D.							
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give s	reet oddress)	d. STREET ADDRESS Van Bil	ober			ON	SIDENCE A FARM?		
3. NAME OF DECEASED (Type or print)	Alonzo	Middle A •	Bullis	4. DATE OF DEATH	Mon		Day 10	Year 1956		
5. SEX male		MARRIED TO NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Mar. 29, 1909	9	AGE (In years last birthdoy) 47 yrs.	Months Do				
anting most of wo	ION (Give kind of work done rking life, even if retired) Layer	10b. KIND OF BUSINESS OR INDU Home Construc		or foreign cou		12. CITIZE		COUNTRY?		
13. FATHER'S NAME Lewi	s Bullis		14. MOTHER'S MAIDEN N	NAME Le Elle	dge					
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		rs. Verna C.	Bullis	, Edgewo		• •			
Conditions, if a gove rise to couse (a), stoling tying couse lost	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1  20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   OR CONTRIBUTING   CAUSE OF DEATH   Fither, Notify Medical examiner)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   While of work   of wo							t saw the			
NAME (Type)	Nov.12,195	22c. NAME OF CEMETERY O	orial Bardens		ON (City, town, o	COUNTY)	(Sto	ie)		
noward K.	Me Comas & So		100	13,195		man	G. Th	sore		

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 haurs after death. Page may be pined by the haspital or attending physician.

TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and campletely filter page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I the registrar priar to burial, crematian, ar remayal, and in any event within 72 haury-office death. TO HOSP VS A15 (4) 15M 9/55

by the funeral directar,

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11382 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) T d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO Middle NAME OF 4. DATE Month Day DECEASED OF DEATH MOV (Type or print) 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 8 DATE OF BIRTH lost birthday) Months Davs Min. DIVORCED WIDOWED FR 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) MRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? OM e 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT<sup>®</sup> eose 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH 70. PART I, DEATH WAS CAUSED BY: 5 das IMMEDIATE CAUSE (6) 06-06-18 **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO coese (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🗁 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. . 195 -C. that I last saw the deceased 21. I certify that I ottended the deceased from and that death occurred at 1 \_\_M, from the couses and on the date stated above. **ACTUAL** SIGNATURE 5 P PHYSICIAN'S NAME (Type) FUN 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/5S



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TO FUNERAL DIRECTOR: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician,

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certificate has been executed by death certificate assembly should

ATTEMPING INVSICIAN DE NOSPITAL:

use as a burial transit

the attending physician and be detached for use as a buri

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15. WAS (Yas, no, 9

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GIVING R STATING II OTHER TO THE 19a, DATE

218. ACCH OR CONTR (IF EITHER, 21d. TIME

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 11402CERTIFICATE OF DEATH

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			R	eg. Dist. No.	102			
PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	*****			
COUNTY Harford  CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Forest Hila HOSPITAL OR	LENGTH OF STAY (in this plece)  L Years	STATE Maryland COUNTY Harford  CITY (It outside corporate limits, write RURAL end give nearest fown)  OR TOWN Forest Hill						
INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(ii rurai gi	ve locetion)				
DECEASED	Aiddla)	(Lest)	4. DATE (Mo	nth) (Day)	(Year)			
		מונו		Nov. 15	1956			
SEX 6. COLOR OR 7. SINGLE, MARKET W DOWED, DIVC	PRCED,	cv 31.1871	9. AGE lest birthdey 82 yrs.	Months Days	Hours   Min.			
USUAL OCCUPATION (Give kind of work done during most of working life, even if OR I	OF BUSINESS NDUSTRY	TI. BIRTHPLACE (State or for			EN OF WHAT			
FATHER'S NAME		Maryland	NAME	U,	S.A.			
Henry Cullum		Mar	tha Anderso	n				
, no, er unk.) (If Yas, giva war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT &		73 A 7	7477 761			
Mrs. Annie Watters, Forest Hill  DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  EASES OR CONDITIONS, IF ANY, (8) Chr. Interstitial Nephrotis  72								
EASES OR CONDITIONS, IF ANY, (B) Chr. 1 ING RISE TO THE ABOVE CAUSE TING UNDERLYING CAUSE LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  NISEASE OR CONDITION CAUSING DEATH.	one							
DATE OF OPERATION 196, MAJOR FINDINGS O	F OPERATION			2 YES	O, AUTOPSY?			
ACCIDENT WAS UNDERLYING 21b. PLACE (Home, CONTRIBUTING CAUSE OF DEATH OF INJURY street, off ITHER, NOTIFY MEDICAL EXAMINER)		ZIE, WHERE DID INJURY OCCU	JR? (City or town)	(County)	(Stele)			
TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. I While M. at wor	Not while	21f. HOW DID INJURY OCCU	UR?					
alive on Nov. 15, 1956 and signature	that death occurred at	7:20pwmgom the	causes and on the operation (Street, city, town	date stated aboven, state)	ve. DATE SIGNED			
BURTAL, CREMATION, REMOVAL (SPECIFY)  TSU-181  Nov. 18, 1956	NAME OF CEMETERY OR BE   Air Mcmo	rial GATGENS	BEL Air HA	n, or county)	(Stete)			
REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Forwsord	25. FUNERAL DIRECTOR'S		alais m				

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./1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1>	1		11.103 CERTIFICATE OF DEATH
Page 4 director led with		1.	PLACE OF DEATH  o. COUNTY  HAT fard  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)  o. STATE  MARYLAND  5. COUNTY  HAT ford
death.	*	4	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Chher Cross Roads  C 2 475  Whier Cross Roads
22 short	M		ON NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  6. IS RESIDENCE ON A FARM?  YES \( \sum NO \( \sum \)
hin 24 ho filled oges 1 co			NAME OF DECEASED (Type or print) GEOF FE Washington Famous DEATH HOU 9 Th 1966
ed with opletely ers. Po			SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 18 DATE OF BIRTH  10 AGE (In years lost birthday)  11 AGE (In years lost birthday)  12 AGE (In years lost birthday)  13 AGE (In years lost birthday)  14 AGE (In years lost birthday)  15 AGE (In years lost birthday)  16 AGE (In years lost birthday)  17 AGE (In years lost birthday)  18 AGE (In years lost birthday)  18 AGE (In years lost birthday)  19 AGE (In years lost birthday)  19 AGE (In years lost birthday)  10 AGE (In years lost birthday)
and can you pap	1	(	USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12 CITIZEN OF WHAT COUNTRY?  ALLEN TEN  FATHER'S NAME  14. MOTHER'S MAIDEN NAME
physician physician move carl hours offe			Parker sname Parker Famous Was deceased ever in u. S. Armed Forces? 16, Social Security No. 17, INFORMANT Address
orth certifical ding physic ase remove in 72 hours	10		1. 100. or unknown) (Il yes, give wor or dates of service) 287-01-0917 Krs & Shelle Famous Fallston MA.
the dec			PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) CORONARY THROMBUSIS ONSET AND DEATH
ed by the rmit. The			Conditions, if any, which gove rise to immediate (b) CORORARY SCIEROSIS 3/2 YEAR
cian cian sen sign ansit pe		Z	COUSE (a), stating the under   DUE TO     lying cause lost.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
The large physical has be purial-tree emayol,	a	IFICATION	PERFORMED? YES NO
CLAN: attendir rificate as the b		AL CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYS dittal ar a this ce ar use a crematic		MEDICAL	Hour o. m.  19 Of work
ENDING he hasp R: After rached f			21. I certify that I attended the deceased from ### 1953, to ### 1956, that I last saw the deceased alive on
OR ATT	1		ACTUAL SIGNATURE James Thurison, J. M.D. Janettonik Date signed
SPITAL Series		220	PHYSICIAN'S S. JAMES THOM SON JR AND JORRETTS VILLE AS
TO HOSP may be TO FUNE page 3		2	FUNERAL DIRECTOR'S SIGNATURE  220. NAME OF CEMETERY OR CREMATORY  22d LOCATION (City, town, or county)
VS A15 (4) 15M 9/55			marting & Rusts fanctisvelle 7 of DATE 11-13.56 Privilla forwood

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11379
	11384 CERTIFICATE OF DEATH  Reg. Dist. No. 185
Poge in a will ed will	1. PLACE OF DEATH  o. COUNTY  HAPFORD  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  MARYLAND  b. COUNTY  CEC.
leath:	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the fu	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
D. S.	HARFORD HEMORIAL HOSP. Mt. ARARAT FARMS YES NO []  3 NAME OF DECEASED A First Middle Last 4. DATE Month Day Year
Ithin 24 I	DECEASED [Type or print] BABY GIRI  GELLRICH  OF DEATH NOVEMBER 5 19 54  5 SEX  [6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH ;  9. AGE (In yours   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Plete vi	FEMALE White WIDOWED DIVORCED 11/3/56 lost birthdoy) Months Days Haurs Min
ond com	10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  L1+Ant WEWBORN MARYLAND  12. CITIZEN OF WHAT COUNTRY  WFWBORN MARYLAND  17. J. A.
4 8 6 F	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  KLARA AMELINA
g physici remayer 72 hayrs	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT    Val. no. or unknown    If yes, give wor or doring of service
death Hendin please within 7	18 CAUSE OF DEATH [Enfer only one cause per line for [0]; (b), and (c)]
of the of Then event	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) / rehoto. Bob. Theleatosis  DUE TO
ires the med by sermit.	Conditions, if any, which (b) gave rise to immediate codise (a), stating the under-
icion. een sig onsit p	lying couse lost. (c)
The land physical phy	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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his cert	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
hospite After t ned for riol, cr	21. I certify that I attended the deceased from 10V 3 1950, to 10Y 5, 1950, that I last saw the decease alive an 1250 and that death accurred at 125 M from the causes and an the date stated above
by the STOR: detact	ADDRESS (Street, city or Igwn, stote)  DATE SIGNE
ined DIRE DIRE DIRE	ACTUAL SIGNATURE ( ) Kich and M.D. Months, Jeos. 7 22 1/5/5-6
HOSPITAL Oy be FUNE age 3 show	PHYSICIAN'S C. H. KICHARDS /R. FORT DE TIES TO STATE THE TOTAL .  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, operator) (Stote)
TO HO TO FUR The re	PERMOVAL (Specify) 11/6/36 Mot - Econ Hamille Elace Md.  23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS D 240, RECID BY REGISTRAR'S SIGNATURE
VS A1S (4) 15M 9/5S	Description of In I famide Blace Montellov 6 56 G. X. Times on as
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1				MAKITAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 10	440C1
W 2.5			3	W/ 2 flo 3 3/4 3 , 1138 SERTIFICATE OF DEATH Reg. Dist.	11301 -
Page director Jed wit	ŧ	}	1. 9	ACE OF DEATH COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution Residence a. STATE  D. COUNTY  D. COUNTY	before admission)
orth.	-		į.	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)	nearest lown)
fun fun uld	* 1			Naryede Bare Strict Marylana	
offe the 2 sho	,* !		•	NAME OF HOSPITAL (If not in hospitol, give street address) - d. STREET ADDRESS OR INSTITUTION	e, IS RESIDENCE ON A FARM?
The state of the s			3 1	HALL OF First Middle Lost 4. DATE of Month	YES NO
filled ges 1			)	Type or print DEXTUSTIVE AS JURIST DEATH MUSINGER 36	Doy Year 19 56
Pog Pog			55	loss birthdoy) Months Dr	EAR IF UNDER 24 HRS
nple vers.		-	100	Me MINUL WIDOWED DIVORCED April 26/196 yrs.	N OF WHAT COUNTRY?
execund car		1		during most of working life, even if retired) Quelout Maryland	N OF WHAT COUNTRY
od or or			13.	TATHER'S NAME	
ficol nysici	1		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	
certificate physicio remore co		3	(Yes	no or unknown) & (If yes, give wor or dates of service)	3
of his				18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c). ]	INTERVAL BETWEEN
e de de ante				PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  PROPRIEMENTALE  PROPRIEMENTA	ONSET AND DEATH 1
of the The The				DUE TO	
d by mit.				Canditians, if any, which (b)	
quire igne per J in				cotse (a), stating the under-	
ician ansil			Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	o) 19. WAS AUTOPSY
physos by inditri		ů	FICATION		PERFORMED? YES NO
AN: The ending icate h the burn or rem				20a ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)	
SIC officertii			MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) foctory, street, office bidg., etc.) !	nly) (Slote)
PH)			MED	Haur o. m. While Not while foctory, street, office bidg., etc.)	
ING aspired fer ad fo				21. I certify that I attended the deceased from	t saw the deceased
FEND he h R: A och burk				alive on Marsacher 26, 19 56, and that death occurred at 6 3 MM, from the causes and an the	
R ATT ed by 1 RECTO be dei igr to		1		ACTUAL & rlinda L. Marketh, M.D. Harfard Memorial 1/2 5/1-4.	DATE SIGNED  A 11-26-5
TAL O				PHYSICIAN'S ERLINGAL-MARbellA " "	
HOSP oy be FUNE oge 3			220	BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)	(State)
may lo FUN Page the re				Burial   11/29/56   Smith Chapel cemetery Rd. Aberdeen.	Md.
}-  -			23	ADDRESS ADDRES	ATURE
VS A1\$ (4) 15M 9/\$5			1	Aberdeen, Md. Date 11-29-54 U. J.	11. de 11. de
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VS A15 (4) 15M 9/55 

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11405CERTIFICATE OF DEATH

11382 Reg. Dist. No./82

	PLACE OF DEATH a. COUNTY	Harford		MAR	rland	2. USUAL RESI	rylend	ere deceased	lived. If institu b. COUNT			e odmisi	ian)
	b. CITY OR TOWN ( RURAL and give no Rural Py		s, write	c. LENGTH OF STAY	IN 15	11	TOWN (IF OU		ote limits, write Le	RURAL and (	give nea	rest law	n)
	d. NAME OF HOSPIT OR INSTITUTION	FAL (If nat in haspital, g	ive street (	address)		d STREET A	ADDRESS						FARM?
	NAME OF DECEASED (Type or print)	Cora		Scott Middle	H	arrison	st	4. DATE OF DEATH	Nor	v. 3,1	956		Year 19
	sex Female	6. COLOR OR RACE White	WIDOWE	D DIVORCE	0	Sept. 2	6,1885	5	AGE (In years lest birthday) yrs	Months	Days	Hours	ER 24 HPS Min.
100	during most of world Housew	ON (G've kind of work of king life, even if refired) LIE		or Business of Business of Home	OR INDUS		n Grov	-			SA	F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S							
_		ew Scott					rah En	field					
15. (Ye	ns. no. or Anknown)	R IN U. S. ARMED FOR (If yes, give war or dates of st	rvice)	SOCIAL SECURITY NO	1	Elus	en 74	asria		dress Vlesvi	lle,	PD,	'd.
		ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1	e for (o), (b), and (c)	ary	this	ukes i	bre	udia	1 fy		RVAL BE	
	4 = 1	-bus to	7	1 for	if	17 7	6		1	0		1-/	1
	Canditions, if a gave rise to i	mmediate (		Coll	016	2	enig	rna	RR		15	4 1	45
	lying cause last.	the under-	_6	Uleria	: 12	eter	osei	7					
NO.	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ONTR BUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GI	VEN IN PART	[ 1(a) 19	WAS .	AUTOPSY PRMED?
3													NO D
L CERTI	OR CONTRIBUTING	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY O	CCURRET	D. (Enfer nature a	of injury in Po	art 1 or Port !	II of item 18.)				
MEDICAL CERTIFICATION	20c. TIME OF INJUR Hour o. g., p. m.	Y Manth, Day, Yea	While	Not while at work	20e. PLA foc	ACE OF INJURY ( tary, street, affice	Home, form, e bldg., etc.)	20f. (City o	or lawn)	(C	County)		(State)
	21. I certify th	at I attended the	decease	ed from Na	10	19 5	, to	02 3	19.5	Z,that I I	last sa	w the	deceased
	alive an	7	12	and that	death	occurred at	4 12 6	M, fram	the causes	and an th	ne dat	e state	ed abave.
	ACTUAL SIGNATURE	Sward	Sh	Hyson	<u></u> ,	м.о. <u>А</u>	o A	DORESS (Stre	et, city or town	, state)		Di	ATE SIGNED
	PHYSICIAN'S NAME (Type)	Edward W. H	lyson							· · ·			
220	BURIAL, CREMATIO REMOVAL (Specify)	11-6-19		Fawn Grov				Pawn (	On (City, lawn, Grove, Y	or county) ork Co	, Pe	(State	e) •
23.	EUNERAL DIRECTOR	S SIGNATURE	ے د	ADDRESS Elevantal	-	Pa.		BY REGISTRA	1/0	ISTRAR'S SIG	SNATURI	2//	end.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1406MEDICAL EXAMINER'S CERTIFICATE OF DEATH is necessary, please exe-ector. Page 4 should be cremolien, Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution) Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN I'll autside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest lown! d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? #05 D YES NO A delay NAME OF DATE First Middle DECEASED for yau DEATH (Type or print) 51-0 0 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED [ DIVORCED [ yrs. 0 C 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo ofter 2, onc puo may 13. FATHER'S NAME 14. MOTHER'S MAISEN NAME Poge 5 may poges 600 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2 Address 8. Give PM3, Po INTERVAL SETWEEN permit. VR. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH in Item 18. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, If ony, which buriol gove rise to immediate cause should DUE TO (a), stoting the underlying 0 cause lost. b I Examiner's Office should be used as a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY CERT FICATION PERFORMEDY No C 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1984 (City or town) 20c. TIME OF INJURY factory street, office bldg. writing the y hief Medical OR: Page 3 sl Not while at work of work 21. I certify that I tank charge of the remains described above, held on Autopsy ... Inspection Inquiry , and find that ertificate, writing to the Chief / L DIRECTOR: F deoth resulted from: Natural couses Accident . Suicide . Homicide ... Undetermined couse DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BY WED.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2 V CARACA

PARTOLI

11386**CERTIFICATE OF DEATH** Rea. Dist. Na ₩Ith 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY a. STATE Harford b. COUNTY MARYLAND Marvland Harford b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Aberde n Proving Ground phone Two years Edgewood d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE USAH Aberden Proving Ground ON A FARM? 9 Fern YES NO PA 3. NAME OF 4. DATE Month DECEASED (Type or print) DEATH Jackson November 11 19 56 IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9 AGE (In years last birthday) Months Male 11Nov 156 WIDOWED | DIVORCED T yes. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U. S. A. ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Sanford Jackson Hilda Maria Mad 13 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Father 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Prematurity **DUE TO** 1 hr. 45 min permit. Conditions, if any, which ; gave rise la immediate **DUE TO** cattle (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLES WAS AUTOPSY PERFORMED? YES I NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) q. m. While Not while of work of work 21. I certify that I attended the deceased from 11 Nov. ..., 19.56, to 11 Nov. ..., 19.56, that I last saw the deceased \_\_\_, and that death occurred at 10:00AM, from the causes and an the date stated above. CTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE DIREC plno PHYSICIAN'S Joseph R. Gabriels, M. D. NAME (Type) FUNE 220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, REMOVAL (SPICITY) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 2050282XVC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11387

### 11408CERTIFICATE OF DEATH

of this	MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTIMORE, 18 11387
death, Af	.11408CERTIFICATE	OF DEATH Reg. Dist. No/82
- £	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
2 hours af	COUNTY Harford MARYLAND	STATE Maryland county Harford
house actor, th	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN What a half	CITY (II outside corporate limits, write RURAL and give nearest town) OR
dire	4.775	STREET (Il rurel give location)
within funeral	HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS (II rural give location)
	3. NAME OF (First) (Middle)  (Sype or Print) Charles Arthur Jo	(Last) 4. DATE (Month) (Day) (Year) OF DEATH NOVember 5 19 56
reg by	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married (Specify) Married	F SIRTH 9. AGE lost birthdey IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
-C70		11. BIRTHPLACE (State or foreign country)  12. CIT.ZEN OF WHAT COUNTRY
y fi	13. FATHER'S NAME	Grassy Creek M.C. USA
completely filled at transit permit.	Thomas D. Janes	Margaret Pagh mile Hall
' .V	(Yes, no, or unk.) Zill Yes, give wer or dates of service)	Ronald & Jones
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
ath cian	IMMEDIATE CAUSE (A) Cerebral hemorrhas	Immediate
e de chysi use	ANTECEDENT CAUSE(S) DUE TO	Probably
hat the	DISEASES OR CONDITIONS, IF ANY, (B) Hypertensive cardic GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Probably
attending	(C) Generalized arterio	sclerosis 10 years
₹ <b>.</b> ŏ	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
3 7 8 3	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
FUNERAL DIRECTOR: The lar certificate has been executed by death certificate assembly should	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
CTOR CTOR Sembly	M. While No! while at work I	TII. HOW DID INJURY OCCUR?
IRECT been e asser	22. I hereby certify that I attended the deceased from Jan. 14.	
FUNERAL D certificate has death certificat	alive on Oct • 28 , 19 56 , and that death occurred at.	11. P.s.M, from the causes and on the date stated above.  ADDRESS (Street, city, town, state)  DATE SIGNED
FUNERA entificate eath certi	23. BURIAL CREMATION.   DATE THEREOF   NAME OF CEMETERY OR	Forest Hill, Maryland 11-6-56
Certifi death A15C 1	REMOVAL (SPECIFY)	2000
VS AS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1/3/1	DATE/1-9-56   Mesella forword	marting Street and fanille mode
1 11.		00

1:42

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Jone 22, 575 18 14 14

The Retired Grassuster Til 153

Thomas 1) Tines

- Ronald BJones

BULLAU V. S.

Buriai Tris 5-36 WIWiten Mem. East ton in Harard The The man server of the server of

	11/109 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11388, 21
d E	ixem / Hilmoru? 1-25-57 et Reg. Dist. No.
and	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)
84 9	MARYLAND O. STATE HOW Gersey b. COUNTY
is Bay	b. CITY OR TOWN (If outside corporate limits, write tural c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
29 d + / 4	ADETACEN   / Rassaie /x-
s ne star dar dar dar dar dar dar dar dar dar d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RES.DENCE ON A FARM?
2	Monte 40. 9/6 Main Afril. YES NOTS
dest stro	3. NAME OF DECEASED And Middle Last 4. DATE Month Day Year
fund fund r ye	(Type or print) DROWNIE - JUNO DEATH //ON BM DC7 3 32 19 36
at for the	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH  9 AGE (In yours loub birrings)  Months Days Hours Min
oth.	1/6/8 V WIDOWED DIVORCED 07//3/1978 38 yrs.
de d	10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY'S during most of working life, even if refired)
2, or be and	13. FATHER'S NAME 2 STEEL + Weisbry Wes MAIDENSHAME 2
5-8 E	7440. 19 11
har har	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. RIPORMANT
Pog Pog ile I	[Yes, no, or unknown]   [If yes, give war or doles of service]
Series Control	yes warte telen kucera rassair. U.y.
P. 88	Se. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:
form if	IMMEDIATE CAUSE (o)
rith in the	DUE TO
d be	Conditions, if any, which gove rise to immediate cause
oulc pen buri	(o), stating the underlying DUE TO
A C S S	
ed of the contract of the cont	Compound comminuted fronting both bons R les ves no no
ertif er's e us	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Erfer nature of injury in Port I or Part II of item 18.)
o sa p	20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING D  Auto a coldent, 2 uto - 2 edesty of type
F. T.	3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, darm, 20f. (City or town) (State)
Seal Seal	20c. TIME OF INJURY Month, Day. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, darm, Hour of the International Property of the Indian Accordance of work of wore work of
Med Med	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
B. S.	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
10 to	
fico the	SIGNATURE LOROLD & FORMER AND, CHIEF MEDICAL EXAMINER [] DATE STONED
ol de la companya de	BELATU, ASSISTANT MEDICAL EXAMINER []
E E E	EXAMINER'S GETOID C POINCY MD DEPUTY MEDICAL EXAMINER & Harlers County
DEPT.	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)
0 0 t 0	Removal 11/16/1996 Wary lest Remetery River Fage 71. 1.
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/55	John 7. Yarring allected led DATE MAT 7-5: Think I VIVII

SIMENU V. C.

1				MARYLA	ND	STATE DEPARTM	ENT (	OF HEALT	H-BAL	TIMORE, I	8 11	380	
7					11	A LOCERTIFICA	ATE (	OF DEAT	Н		Reg. Dist.	No. / 9	3/
Poge director	•	1. [	LACE OF DEATH	Harford	11	MARYLAND	2 USU. 0. S1	AL RESIDENCE (W	there decessed	l lived If institution b. COUNTY	Residence t	d d	on)
r deoth funeral	1		RURAL and give n	tf outside carporate limits, v parest town) A berdeen	write	c. LENGTH OF STAY IN 16  1 week	c C	TO OR TOWN (IF		rate limits, write Ri	URAL and give	nearest town	)
y the 1	A		OR INSTITUTION	TAL (If not in hospitat, give US Army Hospi	tal	address)	d. S	TREET ADDRESS	mdon S	treet			DENCE FARM? NO M
24 hou			NAME OF DECEASED	Fint		Middle C3 paids	<del></del>	Lost Vána	4. DATE OF	Morrowhor			°°°′ – Ľ4
Ithin 2 Poges		5 5	Type or print)	Marie	-	Claude	A 5.155	King	DEATH	Novembe:			<u>, 56</u>
d with			emale		MARRI IDOWE	ED NEVER MARRIED  DIVORCED	8. DATE (	ember 6,	1956	9 AGE (In years last birthdoy) yrs.	Months Dy		Min
execute id com n pope	- 1	10a	during most of wor	king lire, even it retiredj	e 10b. I	None	STRY 11.	BIRTHPLACE (Stot	_	unity)	12 CITIZEI	OF WHAT	COUNTRY?
be e	*	13.	FATHER'S NAME				14. MC	OTHER'S MAIDEN	NAME				
ote icrar s of			Jo	seph Raymond	Kir	g		Jacque	eline R	aymonde :	Laine		
certifico	16	15. (Yei		R IN U. S. ARMED FORCES (If yes, give wor or doles of service me)	eti	OCIAL SECURITY NO. 17.	Fati			(as in	2 abov	re)	
eoth endin lease filin /				ATH [Enter only one cause	per lin	e, for (a), (b), and (s)					()	NTERVAL BE	TWEEN
of will			PART I. DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	#	eart fail	ure					I WEEL	DEATH
that the by ≡e t. The y even			754 4 Conditions, if o	DUE TO	CA	nalital fi	cari	A 163	ease	- Clim	Atie		
quires igned permi			gave rise to i cotse (a), stating lying couse lost.	mmediate the under-	- ÿ	and wich	ter	unne	d	7		<u> </u>	
rsicion blen s transit		NOL		HER SIGNIFICANT CONDIT	IONS C	ONTRIBUTING TO DEATH BU	NOT REL	ATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(	19 WAS A	UTOPSY RMED?
The 3 ph has has mov		FICA										YES [	NO E
TAN: fending ficate the bu		L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING TO 2016 TO CAUSE OF DEATH MEDICAL EXAMINER)	D. DESC	RIBE HOW INJURY OCCURRI	D. (Enter )	noture of injury in	n Port I ar Port	Il of ifem 18 )			
PHYSIC all or of his cert use as		MEDICAL	Hour o. m.	10	20d. IN White at work	Not while fo	ACE OF II	NJURY (Home, for et, office bldg , et	m, 20f. (City	or town)	(Cour	ıly)	(Stote)
After the for iol, are			21. I certify th	not I attended the de	ecease	d from November	6,1	9 56, ta No	ovember	13, 19 56	,,that I las	t saw the	deceased
TEN the DR: Dock			alive an Nov	elater 13	12	and that deat	OCCUT	ed at /= 20		the causes a reet, gity or lown,,		date state	d abave.
PR AT			ACTUAL SIGNATURE	-C.Cgurles	117	MD.	M.O. 2/	51-1 (15,	ARMY	Hosp CE	Leideer	Gy C	STARK
OSPITAL C			PHYSICIAN'S NAME (Type)	H AGUSTSSON	, и	)			,			NOA TR	, 1950
五 5 m 8 a		220	BURIAL, CREMATIC	1200 JUNE 14 16	6%	22c. NAME OF CEMETERY C	90-	TORY	22d LOCAT	TION (City, town, o	or county]	(State	' /
YS A15 (4)		23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS Colored of	W	. 7	C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNA		
15M 9/55		5	85020	22 V V/5		to see of		DATE//	LOV IEL-	-10 010	ldre!	1 1 LL	1
		~	00000	70/10									1

BUREAU V. S.

DECEINED

the negistral within 7.2 hours free death. After this in by the funeral director, the fpird copy of this

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# ATTACHING PHYLICIAN OF HOSPITAL The Lw requise that the death certifical be executed bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1141 CERTIFICATE OF DEATH

	11390	
teg.	Dist. No. 82	

<u>₽</u> ₽ .	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
<b>돌</b> 호	The Thirt	my start
<b>1</b>	COUNTY (If Syraftic gorporete jimits, wgite RURAL COUNTY   LENGTH OF STAY	CITY (If outside gorgorate limits, write RURAL god give neares (town)
hour ctor, 1	CITY (If Gyraftie corporate limits, write RURAL LENGTH OF STAY (in this place)	
- <u>.</u>	and the others	TOWN Torlet Miral
20	HOSPITAL OR INSTITUTION OR	STREET (If eurel give location) ADDRESS
- E TE	STREET ADDRESS	Aburcos
within	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Moph) (Day) (Year)
by the 1	(Type or Print) Mary E	world DEATH NOVE 16 1956
by .	A COLOR OR STOCK, MARRIED, 8. MATE O	9. AGE lest birthday   IF UNDER 1 YEAR MF UNDER 24 HRS
	Conde Charles (Specify) Man Due Le a	Months Doys Hours Min.
ipen.	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINES	11. BIRTH BCACE (State or foreign country)   12. CITIZEN OF WHAT
filled filled filled	done during post/of working life, even if OR INDISTRA	A TOUNTIES
^ <b>=</b> 5	13 MIHR'S NAME A	4 D. MOTHER'S MAIDEN NAME
ate be filed wit completely fille il transit permit.	COLL COLL COLLAR TO A	MOTHER & MAIDEN NAME
olet Diet Insi	opening 1110000	my ung
France -	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS
is of a	(ti Yos, give water trees of service)	Mair Anight
certificate and com a burial tr	18. MEDICAL CER	
	A DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
that the death ding physician ad for use as	MMEDIATE CAUSE (A) LEVELNONA	of Stomacl
ne deat physici use a:	ANTECEDENT CAUSE(S) DUE TO	
at a co	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	V
that I ding	STATING UNDERLYING CAUSE LAST.	
	(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
requires the attendance of detaches	TO THE DEATH BUT NOT RELATED TO THE	
Q = Q	DISEASE OR CONDITION CAUSING DEATH.	
3 € 3	190. DATE OF OPERATION 196. MAJOR EINDINGS OF OPERATION	STOM ACC YES NO IT
The law ted by should b	SAME TO THE PROPERTY OF THE PR	Cle. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR: The executed ably shou	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	(21946)
		214. HOW DID INJURY OCCUR?
<b>6 8</b> €	M. et work et work	
IRECTOR: been exect a assembly		* 10/11 =1
		19 5 , to
. 10 0 /	alive on	S.I.O.P.M., from the causes and on the date stated above.
Triff We was	SIGNATURE CONTRACTOR	ADDRESS (Street, city, town, state) DATE SIGNED
	My alies I tulken her, M.O.	XIARINGTON Inch 1/19/56
Certific Geath MSC 1:	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY   LOCATION (Chy, town, or pounty)   State
Centification of the state of t	Burton More 17,1 10to Wary	noto an Rayand wills
۲ × ۲	24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE	25 PUNERAU DIRECTOR'S SIGNAPURE ADDRESS
	DATE /104/9, 1956 C. VE / LOVE	A ST. Con Naverstoff
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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11112 CERTIFICATE OF DEATH

11393

					- B. D.M. 140.
1	PLACE OF DEATH o. COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institutions b. COUNTY	Residence before admission) Harford
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Abingdon	about 6 yrs.,	c. CITY OR TOWN (IF of Abing)	utside corporate limits, write RUR don	AL and give nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Scott	Middle BI	c Diarmid	4. DATE Month OF DEATH NOV.	Doy Yeor 28 19 56
	5. SEX 6. COLOR OR RACE 7 MARRI Male colored widows		Feb. 7, 1879	lost birthday) N	UNDER 1 YEAR IF UNDER 24 HRS Aonths Days Hours Min.
,	10a USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Stationary Fireman	Jaba Goves,	14. MOTHER'S MAIDEN N		U.S.A.
	Unknown		Unknown		
j	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1		FORMANT (Admini	strator) Address Comas, Jr., Abing	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause tost.  DUE TO  DUE TO  Co. Me. 1	perfensive C astafic Carci	ardio vas cu	ulur disease Prostate	INTERVAL BETWEEN ONSET AND DEATH
5	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT N			IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 200. DESC OR CONTRIBUTING 2 CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	ANDE FROM MAJORI OCCORRED.	trues include of thiory in a	on you can not than 16.	
	20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while focto	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease	ed from. 2/14	1955, to 11	1/27 , 1956,1	that I last saw the deceased
	active on 1/1/27 19.5	' /)	occurred at 3:00 A.	_M, from the causes and DORESS (Street, city or town, sto	d on the date stated above
	SIGNATURE VEORGE V. SAME	uslury, "	o. 569 Kevolut	ion St., Haure de	Gruce, Md 11/30/5
	NAME (Type) MEORGE 1. OTC)	ns bu ()			
	220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or o	11
	burial Dec.2,1956	Community Bapt		Joppa, Harford	
	23. FUNERAL DIRECTOR'S SIGNATURE & Son	Abingdon appr	1 //3	BY REGISTRAR 246. REGISTR	AR'S SIGNAFORE

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VS A15 (4)

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11397 11391 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside/corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 c. CITY OR TOWN () outside corporate limits, write RURAL and give nearest town) 100 TL. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO K NAME OF DATE Manth Day DECEASED DEATH (Type or print) 19 S. SEX 6. COLOB-OR RACE 7. MARRIED T NEVER MARRIED T AGE (In years lost-birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Manths Days Min. WIDOWED A DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE IState or foreign country 12. CITIZEN OF WHAT COUNTRY? death. may of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 22 ose 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN SHEET AND DEATH PART I, DEATH WAS CAUSED BY: ENIMAS IMMEDIATE CAUSE (6) DUE TO permit. Conditions, If any, which gove rise to immediate DUE TO casse (o), stating the under-12 5079 lying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO ID 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) certificote (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour g. m. Nat while While of work of wark p. m. 21. I certify that I attended the deceased from Danial 19 da that I last saw the deceased and that death occurred at 10 125 alive an 台M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED **ACTUAL** SIGNATURE pino PHYSICIAN'S NAME (Type) FUNE 22a. BURSAL, CREMATION, 22b. DATE THEREOS 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State REMOVAL (Spenity) 0 23 FURERAL DIRECTOR SIGNATUR 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATUR VS A15 (4) 15M 9/55 DATE

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DECEMBER 1056

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH U. Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) a. COUNTY **b.** COUNTY O. STATE MARYLAND b. CITY OR TOWN IIf outside corporate lim c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION, (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO TH NAME OF Middle 4. DATE Lost DECEASED (Type or print) DEATH ou 5. SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS Days Months Hours Min. WIDOWED T DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address yes, give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which ) gave rise to immediate cause **DUE TO** (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Item 18 PRIMARY Nor CONTRIBUTING 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year (Stote) Not while factory, street, office bldg., etc.) at work at work / \ \ S / 4 3 - C 21. I certify that I took charge of the remains described above, held an Autopsy [7] Inspection 😿 Inquiry , and find that death resulted from: Natural causes Accident ..... Suicide | Hamicide [], Undetermined cause DATE SIGNED ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER 🗗 🖊 220. BURIAL, CREMATION, 225, DATE THEREOF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS 240 REG'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE

BUNEAU V. 8.

VS A15 (4) 15M 9/55

	MARYLA	ND STATE DEPART	MENT OF HEALTI		ORE, 1	Reg. Dist. No.	399 18 7
PLACE OF DEATH     O. COUNTY	Harford	MARYLAN	2. USUAL RESIDENCE (W o. STATE Mary		. If institution b. COUNTY	Residence before	/
RURAL ond-give	rest Hills			autside corporate lu st Hill		RAL and give near	est town)
d. NAME OF HOS OR INSTITUTION	PITAL (If nat in hospital, give N	street address)	d. STREET ADDRESS				ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CHARLOTT	Middle CRANFO	RD SCARFF	4. DATE OF DEATH	Month		Year 1956
5. SEX semale	white wi		Sept. 6, 1	891	birthday)	Months Days	F UNDER 24 HRS Hours Min.
during most of w	TION (Give kind of work done orking life, even if retired) SEWLSE	10b. KIND OF BUSINESS OR II	Marylana	1		12 CITIZEN OF	S A
13. FATHER'S NAME Geor	ge C. Cranto	ord	Anna War				
15. WAS DECEASED E	VER IN U. S. ARMED FORCES	? 16 SOCIAL SECURITY NO.	7. INFORMANT Mr. William	G. Scar	Addre	orest H	ill, Me
	EATH [Enter only one cause EATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	per line for (o), (b), and (c)] CARD(6-RES	PIRATORY FA	LURE		INTER	TAND DEATH
Conditions, if	immediate ( Durana	APOPLEXY				3	DAYS
couse (a), stotic	t. (c)	HYPER TEI		District Co.			WAS AUTOPSY
CATIC			DOTTION RECALLS TO THE TERM	INAC DISEASE COR	DITION GIVE		PERFORMED?
OR CONTRIBUTION (IF EITHER, NOTIL	WAS UNDERLYING 1 20H	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in	Port I or Port II of i	item 16.)		
Y 20c. TIME OF INJ	19	While Not while of work at work	PLACE OF INJURY (Home, form factory, street, office bldg., at	-)	·	(County)	(State
alive on_2	that I attended the de	ceased from	19,55, to ath occurred at 11.40	A.M. from the	causes ar	nd on the date	w the decease stated abo DATE SIGN
ACTUAL SIGNATURE	NI Itali	ivell	_M.D. /SCC	air,	PVER		

220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL ISPACIFY BURIAL 11/24/56

22c. NAME OF CEMETERY OR CREMATORY Burial 11/24/56

Belair Memorial Garden Belair, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Leonard J. Ruck 5305 Harford Road #14 DATE 25 1956 Trivulla January

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may be gined by the haspital or attending physician.

O FUNE of DIRECTOR: After this certificate has been signed by the attending physician and campletely fille by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 22 theyer after death.

TO FUNE

VS A15 (4) 15M 9/55

TO HOSPIZAL OR ATTENDING PHYSICIAN: The few requires that the death certificate be executed within 24 hours after death. Page 4

11400

Reg. Dist. No.

180

1.	PLACE OF DEATH				2	USUAL RESIDE	NCE (Wh	ere decease			r: Residen	ice befon	e admis	sion)
, all	precount i	D	o. STATE	Mai	rylan	d b. cou	NTY	Har	ford	1				
	b CITY OR TOWN (IF RURAL and give nec	rest town)	ls, write	c. LENGTH OF STAY IN 1	b	c CITY OR TO	WN (If o			ile RUI	RAL ond	give neor	rest fow	n)
_	Edgewood  d. NAME OF HOSPITA		ive stead			d. STREET ADI	Narce	Edge	MOOG .				AC DE	SIDENCE
	OR INSTITUTION	te fit not in nospital, f	ive sireer	odoless)		d. SIREET ADI	VKE35						ON A	A FARM?
	NAME OF DECEASED	Fir	'st	Middle		Last		4. DATE		Month		Day	,	Yeor
	(Type or print)	Barb	ara	M.		Shillm	an	OF DEATH		Nov		10		19 56
5	SEX	6. COLOR OR RACE	7. MARE	TED A NEVER MARRIED	8. 1	PATE OF BIRTH	1889		9. AGE (In ye			1 YEAR	IF UND	ER 24 HPS
	female	white	WIDOWI	DIVORCED		Nov.26.	797	3/	lost birthdo	Aur.	Months	Days	Hours	Min.
10c	during most of works	ng lite, even it relired	)	KIND OF BUSINESS OR IN		11 BIRTHPLAC	E (Stole o	or foreign c	ountry)		12. CIT	IZEN OF	WHAT	COUNTRY?
	Caretaker			Telephone Co.			vlan					U.S	A	
13.	FATHER'S NAME					4. MOTHER'S M	IAIDEN N	AME						
		ust Punte				Unkn	own							
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	, INFO	RMANT				Addres	15			
	no			215-24-6935	Ge	orge A.	Sh	11 lme	n. Aber	dee	n, M	id.		
			iuse per lii	ne for (o), (b), and (c).]	^	^								ETWEEN DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o		ronary	00	clus	Lon					with	)	· Lanense
	Long D	DUE TO	1	5	0	4		4		×.				
	Conditions, If on	y, which ) (6	a	derior co	lon	flic he	art	des	sose wa	u		be	ear	_
	gove rise to im		,											
	couse (o), stating the lying couse lost.	le <u>Under-</u>				hope	ule,	-Ac	un.					
×				ONTRIBUTING TO DEATH E	BUT NO	T RELATED TO T	HE TERMIN	VAL DISEAS	E CONDITION	GIVEN	VI INI PAR	T 1(a) 19	WAS	AUTOPSY
STI											4 114 7 7 410		PERFC	RMED?
MEDICAL CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	RRED. {	Enter nature of i	njury in P	art ( or Par	t II of ilem 18.	.}			*****	
3	20c. TIME OF INJURY	Month, Day, Ye	or 20d, It	NJURY OCCURRED 20e.	PLACE	OF INJURY (Ho	me, farm.	20f. (Cin	y or town)		10	County)		(State)
MEDI	Hour o. n. p. m.	19	While of wor	Not white	foctor	r, street, office b	idg., etc.]		, , ,		,			formel
	21. I certify the	at I attended the	decens	ed from Jan		1958	to 'Y	Mrs /	0 19	<i>\( \sigma_{\color} \)</i>	that I	lest se	the	danaaad
	alive on	2020-9	10 5	6, and that dec	4h A		". "YE 20	Al f		Cordenas	inot i	iusi sui	w me	ueceuse:
	Ollye Ollanama		- 12-	z z z z	ain o	corred ot2			n the cause treet, city or to			he date		ed abaye. Ate signed
	ACTUAL SIGNATURE	ned 1	O 4	ndous		7	= 1	30		/	Tra.	1	1/	1/ ~/
	SIGNATURE		- / (	0 7 -0	M.D	*	_0_	gue	1-000		1/2	Z		7/7/
	PHYSICIAN'S NAME (Type)	Fred O. Ho	dus		_	E	dgew	ood	Marylan	nd				
220	BURIAL, CREMATION	, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY	OR C	REMATORY		22d. LOCA	TION (City, to	wn, or	county)		(Stat	(e)
	REMOVAL (Specify)	Nov.13	,1956	Trinity Au	the	ran		_	oppa. H	_			Md.	
23.	FUNERAL PIRECTOR'S			ADDRESS .		2	4a, REC'D	BY REGIST			RAR'S SIG			
	Mount	Ill Com	-	Abingdon	Md		BAU	13 19	56 M	M	20 1	1 4	. //	rance
_	THE REAL PROPERTY.								- 1/64	71 01		10		

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registrar within 72 hours after death. by the funeral director, the third cop

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certificate be execu

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 11419 CERTIFICATE OF DEATH

Reg. Dist. No. 180

争丰	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
# a a a	COUNTY HARFORD MARYLAND	STATE MARYLAND COUNTY HARFORD
\$ c'	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
72 hours	OR and give nearest town) TOWN RURAL - JOPPA TY 475	TOWN RURAL - JOPPA X
n≞ ~	HOSPITAL OR	
-	INSTITUTION OR	STREET (if rural give location)
within	STREET ADDRESS	TAIMBLE ROAD
withi	3. NAME OF (First) (Middle)	(Lasi) 4. DATE (Month) (Day) (Year)
	(Type or Print) LYDIA JOSEPHINE SF	PARKS DEATH NOV. 2 156
registrar by the		, , , , , , , , , , , , , , , , , , ,
5 d	DACE WINOWER BIVORCER	
9.5	F W (Specify) M SEP?	, 13,1800 /6 yrs.
E .	10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if OR INDUSTRY	11. BIRTAPLACE (State or foreign country)   12. CITIZEN OF WHAT
with filled rmit.	refired) Housewife none	NORTH CAROLINA COUNTRY? U.S.A.
P = 0	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
e filed fetely ssif per	JAMIN MAKE	
0 0 W	19493	CYNTHIA CREED
complete	IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS P. 7/100 Ph == 7
18 0 m 3	(Yes, no, or unk.) (If Yes, give wer or dates of service)	Mrs Ray MaxLEY BATTON
certificate and com a burial tr	18. MEDICAL CER	17. INFORMANT & ADDRESS M-5. ROY MOXLEY JOPEA, MR.  TIFICATION INTERVAL SETWEEN
0 a	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
death ysiciar se as	IMMEDIATE CAUSE (A) CEREBRAL	THROMBOSIS 6 weeks
de: ysic se	Garage.	
훈두급	DISEASES OR CONDITIONS, IF ANY, (B) ARTERIOSCLES	COTIC CARDIOVASCULAR DISTAS Social
# PG	GIVING RISE TO THE ABOVE CAUSE DUE TO	
중출출	IG GENERALIZED	ARTERIOSCILEROSIS Severelys.
requires the atter e detach	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
qui dett	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
	19. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2		YES NO
6 J	OR CONTRIBUTING  CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Day) (Year) (Hourl   21d. INJURY OCCURRED   1	III. HOW DID INJURY OCCUR?
DIRECTOR: s been exect ate assembly	While Not while	III. NOW DID INJURT OCCUR?
5 2 3	M. at work	
REC Jeen asse	22. I hereby certify that I attended the deceased from Man	19.53, to NaV. 2, 19.54, that I last saw the deceased
5 to 1	alive on October 29, 19.55 and that death occurred at	130 A. M. from the causes and on the date stated above
A ha	SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
FUNERAL Certificate has death certificat	Paul S. Stongaile by M.D. 115	
Z = = = =	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	FULFORD AVE. BEL. AIR Md. 11/2/56 CREMATORY LOCATION (City, town, or county) (State)
	Removal Nov. 3, 1956 Moody Funers	al Home Mount Airy, Surry, N.C.
2 %	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
- >	DATE NOO. 4, 1956 Norma G. Moore	Howard K. Mc Comes & Son Abingdon Md
	DATE W. 4, 1436 /WWW. D. MOOW	Heway of K McHonese Vs

SANVAL.

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Adoó

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11404

## 114 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Harford MARYLAND	STATE Mid COUNTY Harford
CTTY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town)  (in this place)	CITY (If autside carporate limits, write RURAL end give negres) fown)
TOWN Frolesting the years	TOWN Tallotin
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS	ADDRESS Rup all
3, NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (1 A . C	or The second
(Type or Print) Well Tollinger &	tarr   DEATH /100, 12 136
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED 8.	
Male White Brownarried Jan.	22-1882 74 yrs. Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done during first of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign fountry) 12. CITIZEN OF WHAT COUNTRY
retired) to be annealy to the real	Harland Co. md 1825
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
and Ationer	alice Welling on
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	man 180 alotte trans
July 1000 vac	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Julmoran	med well
7	1 01/0
DISEASES OR CONDITIONS, IF ANY, (B)	ulia Colisama 6 mo
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO	
STATING ONDERCTING CAUSE EAST	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	1
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	If. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from	1946, to. 11 - 12, 1956, that I last saw the deceased
SIGNATURE	ADDRESS (Street, city, town, stele) DATE SIGNED
derevel Coaline	Belt in 2011. 16-13-57
23. BUR AL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (	REMATORY LOCATION (City, town, or county) (Biale)
Burral How 1556 Mountain	Elizatian John - ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE risulta forwoods	WHATCher - Benson ma

BUREAU V. E.

11/1/ -- -- 17/

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
<u> </u>	11421 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 11421	-/
cremati	1. PLACE OF DEATH  O. COUNTY  HO 1" SO HO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission)  O. STATE  M. COUNTY  Land	
A Buriol,	b. CITY OR TOWN It outside corporate limits, write RURAL and give nearest town)  ond give nearest town)  Checkers  C	
prior to	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  o. IS RESIDER ON A FAI YES NO	RM?
a delo	3. NAME OF DECEASED (Type or print) Charles H. Thompson Death November 30195	7
o she for the second	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED TURE 16 - 1916  9. AGE (In years lost birthday)  Months Days Hours Min.	
and 2 will	100, USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  Washing mound working life, even if retired?  Washing frest. West Uniquica is SF.	NTRY?
2 d d d	James Lee Thompson 14. MOTHER'S MAIDEN NAME Office Save Blevers	
ive Pages Page 5 File	15 WAS PRÉEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ver. no. or Wikinewn) 1 [18 year, give wer or dotes of service) 381-03-5755 WYS Chas S. Parlien Bel Act #1- W.C.	
a PM3.	DIS. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (a)  Fracture	
with far	819X DUE TO	
pencil in purial-tr	Conditions, if any, which again to immediate couse (at stating the underlying cause last.	
ffice of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(0) 19 WAS AUTO	25
pendi iner's be use	YES NO	
e ward e ward sal Exam		ote)
Medical Medica	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find	that
writh writh Well Blief	death resulted from: Natural causes	
tificate, as the C	ACTUAL SIGNATURE BOAL M.D. CHIEF MEDICAL EXAMINER []	D . =
NERAL Pmayal.	EXAMINER'S G-t-> (A C Pe ( M = > DEPUTY MEDICAL EXAMINER )	<b>-</b> 50
To Form	220. BUR AL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  ROLLIEVE 1. 12/1/56.	
/s. A15ME(5) 5M 9/55	23. FUNERAL DIJECTOR'S SIGNATURE ADDRESS LE ary/and 240 RECID BY REGISTRAR'S S GNATURE )	

entry k T

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	11393 CERTIFIC	ATE OF DEATH Reg. Dist	No.11407
1.	PLACE OF DEATH / Mary MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a STATE)	
-	b. CITY OR JOWN (If outside corporota-limits, write E. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If outside corporate upits, write RUPAL and give	re neorest town)
	d. NAME OF HOSPITAL (If nos in hospital, give street address) OR INSTITUT ON	d STREET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)	Lost OF Month OF DEATH	Day Year
5.	SEX 6. COLOR OR NACE 7. MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTH / P. AGE (IN years IF UNDER I	YEAR IF UNDER 24 HRS.  oys Hours Min.
	Hering most of working life, even if retired B. 40 . H. C.	. Maisland U	EN OF WHAT COUNTRY
	Toldemith Thompson	The Mother's Matter NAME	)
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  10. or unknown (If yes, give wor or dates of service)  112 2-7224	Mys Edward August 1 fan	14 Market
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	na Oreanson Face More	INTERVAL BETWEEN ONSET AND DEATH
	191X DUE TO Conditions, if any, which) (b)  22222	Cimmon Co	
	gove rise to immediate cade (a), stoting the under-	zei	
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 1 CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, P. Hour o. m. 19 While Not white of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (Co- portory, street, office bldg., etc.)	unly) (Slote)
	21. I certify that I attended the deceased from and that death	h occurred at 11 a.M., from the causes and an the	
	ACTUAL SIGNATURE Cleanles & Feling	M.O. Appendix of the course and an ine	DATE SIGNED
	PHYSICIAN'S CHARLOS J. Foley	HAURE de GRACE, H	101.
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY COSESSION		ms.
23,	runeral director's signature on Adulti Dia	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE NOV. 6 - S.C. G. L. Y.	MATURE

VS A15 (4) 15M 9/55

COLLAISON

BUREAU V. S.

Bel air, Maryland

after death.

reph W. Friter

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9561 18 NC .

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## 11395 CERTIFICATE OF DEATH

Reg. Dist. No. 182

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY of critoria MARYLAND	STATE Maryland COUNTY Hu	lord
	CITY (II outside corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside comorate limits, write RURAL and give neare.	town)
	OR and give nearest town)	OR O O	•
	TOWN Bet- Cur 40 yrs.	TOWN Bel- aur	
	HOSPITAL OR	STREET (It rurel give location)	
	INSTITUTION OR THE PLATE PL	ADDRESS TOO GIT. PI	
	0 0 70.00 100.	The sace Ra.	
	3. NAME OF (First) (Middle) DECEASED		(Day) (Year)
	(Type or Print) MAMIF A. 1	URNER   BEATH //	26 1956
	S. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF	F BIRTH 9. AGE lest birthdey   IF UNDER 1	YEAR   IF UNDER 24 HRS.
	RACE WIDOWED, DIVORCED,	Months ;	Days Hours Min.
		L12, 1891 65 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	COUNTRY 2
7	refired) =/	3 - 0 · m1	Cyclin C
3	13. FATHER'S NAME	N. MOTHER'S MAIDEN NAME	or o . CC.
	is, Patrick's Name	M. MOTHER'S MAIDEN NAME	
	John Hilliams	Kachel Collins	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
2	(Yes, no, or unk.) (If Yes, give wer or dates of service)	10 mr. William N. June -	Bel-air me
	18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	The state of the s	ONSET AND DEATH
	Claman	Malaslatic Carcinone	
	MMEDIATE CAUSE (A)	The second of the second	
	ANTECEDENT CAUSE(S) DUE TO	- al Call Colodo	
	DISEASES OR CONDITIONS, IF ANY, (B)	a of your oxedur	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	$\Lambda$ $\Lambda$	
	(C)	() ()	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISFASE OF CONDITION CAUSING DEATH		
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	176. MAGE OF GERATION		YES NO
	21s. ACCIDENT WAS UNDERLYING []   21b. PLACE (Home, farm, factory,   2	ic. WHERE DID INJURY OCCUR? (City or town) (County	(Stefa)
	OR CONTRIBUTING [] CAUSE OF DEATH   OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		P.H. HOW DID INJURY OCCUR?	
	While - Not while -	THE TOTAL DOCUMENT	
	M,   et work		
	22. I hereby certify that I attended the deceased from Malik.	1952 to 1201 26 1956 that I le	ast saw the deceased
,	Deal A V m	0.1.42	
1	alive on 1990 A. T, 19.5, and that death occurred at.	M, from the causes and on the date stated ADDRESS (Street, city, town, state)	
10%	Dang P Linda	Para A A I I A A DE DE DO TOWN, STORES	DATE SIGNED
	Tilledia 1. Africator M.O. 7	-ouse full ma	11/26/56
=		CREMATORY LOCATION (City, town, or county)	(Stets)
A15C 1-55	REMOVAL (SPECIFY)	10 Cont 2 Talmer	med.
VS A	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE A	DDRESS
>	ALC D ST REDISTRAK REGISTRAK S SIGNATURE	ALL OF THE PROPERTY OF THE PARTY OF THE PART	OI A
	DATE 11-27-56 PUNCILLA FOUNTE	(Otelin & Bullock Ha	ore de Frac

BUREAU V. S.

3261 68 VON

BECEINE

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12548
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	1.	MARYLAND  2. USUAL RESIDENCE (Where decorated lived. If Institution, Residence before admission)  o. COUNTY  Haryland  Naryland  ARRYLAND  O. STATE  O. STATE  O. STATE  O. COUNTY  O. STATE  O. STATE  O. COUNTY  O. STATE  O. COUNTY  O. STATE  O. STATE  O. COUNTY  O. STATE  O.
×	D	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  OA APE Station (185)  OA APE Station (185)  OA APE Station (185)  OA APE Station (185)
4 1	,	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  1. S RES DENCE ON A FARM? YES \( \sigma \)  VES \( \sigma \)  VES \( \sigma \)  NO \( \sigma \)
		NAME OF DECEASED TOSE E MOTOS - VOZ QUES OF DEATH NO PONDO > 30 1956
	5. 5	Thate with widowed Divorced aug 10-1926 27 yrs. Months Doys Hours Min
1	Ľ	. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE/ISlate or foreign country (12. CITIZEN OF WHAT COUNTRY?  Solver US Gruy Levito Rico USA.
<b>V</b> .		FATHER'S NAME  CLUCTES UG3 GUE3.  WAS DECEASED EVER IN U. S. APARDITORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT.  WAS DECEASED. EVER IN U. S. APARDITORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT.
/	(Yes	els lutify 1451 - official us army logords
		PART I. DEATH WAS CAUSED BY MEDIATE CAUSE (o) A CONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
		8/9 X DUE TO Conditions, if any, which (b)
1		gove rise to immediate cause (a), stating the underlying couse last.  (c) (c)
	ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES \( \bigcap \text{NO} \( \bigcap \)
Æ	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING   ALL TO A CCC P + Aut O - Ob Contributions    ALL TO A CCC P + Aut TO - Ob Contributions
1 4	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Form, 120f. (City or town) (County) (Stote) Hour o. m. 11-30185 of work at work of work of the stote of work of the stote of work of the stote of two two the stote of two
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined cause
		DATE SIGNED
,		EXAMINER'S Ge 2-01 d C Palm GYM DEPUTY MEDICAL EXAMINER [] 11-37-56
	220	RURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 12/7/56 Municipal Parrio, Rincon-Cayyey
	23.	FUNERAL PRECTOR'S SIGNATURE  JOHN G. & GRECO BY REGISTRAR 246. REGISTRAR 346. REG

S A CTILL

24 : 1 7

11410

Florence I. Walter

## CERTIFICATE OF DEATH

Reg. Dist. No.

T will with the							
1. PLACE OF DEATH			2. USUAL RESID	ENCE (HOME) OF			
county Harford	MARYL	AND	STATE 250	COUNTY	, Hari	ord	
CITY (If outside corporete limits, write #	RURAL   LENGTH O	F STAY		rporete limits, write RURAL		nwoi tzere	
OR and give naeres! town) TOWN Street t	(in this p	pinca)	TOWN S	treett			
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(If rure) (	ive location)		
3. NAME OF (First)	(Middle)		(Last)	4. DATE (M	onth)	(Dey)	(Year)
(Type or Print) FLORE	NCE I.	M	LTER	DEATH	NoV.	/	19 56
	7. SINGLE, MARRIED,	8. DATE (	OF BIRTH	9. AGE last birthday		R 1 YEAR	IF UNDER 24 HR
famale white	WIDOWED, DIVORCED, (Specify) WILDWED	1	21, 1883	73 ym		Days	Hours Min
10a. USUAL OCCUPATION (Give kind of wo dona during most of working life, evan	IF OR INDUSTRY	55	11. BIRTHPLACE (Stale or f	oreign country)	1	2. CITIZE	N OF WHAT
retired Practical Hors	se Nursing	1	ild.				
13. FATHER'S NAME			14. MOTHER'S MAID				
John D. Iley			ELizab	eth Stansbur	У		
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SEC	CURITY NO.	17. INFORMANT	& ADDRESS			
(Yes, no, or unk.) (If Yes, give war or data	s of service) none		Mrs. 1	Irruice I. V.	alter	- St	rest, Mo
DISEASES OR CONDITIONS, IF ANY,	JE TO (C) RIBUTING	MOM	AOFR	ECTUM.	,		1
DISEASE OR CONDITION CAUSING DEATH	Н,						
19a. DATE OF OPERATION 19b.	MAJOR FINDINGS OF OPERATIO	and the same of th	SECTUA				AUTOPSY?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b PLACE (Home, farm, factor OF INJURY street, office bldg., etc.	77,	ZIC. WHERE DID INJURY OF	CUR? (City or town)	(Cou	(nly)	(Slate)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		URRED of while work	21f, HOW DID INJURY O	CCUR?			
22. I hereby certify that I atte	ended the deceased from	uly 21	19 <b>56, to.</b>	D.Y. 6, 19.5	🧀., that	l last sa	w the decease
alive on NOY. 5	and that death	occurred a					
SIGNATURE	- a Sul	L M.D.	STREE	DRESS (Street, city, to	own, slate)	ND	11-6-5
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	THEREOF NAME O	CEMETERY OF	CREMATORY	LO ATION (City, to	own, or coun	(y)	(Stata)
	/8/56 High	and Pr	esby.Com.	Streett	Hanf	cid, (	John Mil
24. REC'D BY REGISTRAR REGIST	TRAR'S SIGNATURE	,	25 FUNERAL DIRECTO	R'S SIGNATURE	YVA	ADDRESS	

INSTRUCTIONS

The bottom copy may be retained by the trooping of death certificate be filed with TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit, and the second The bottom copy may be retained by the hospital or attending physician.

SA DVINGS

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War Carrotte

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" " TARE

Sett ... 17

VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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11424 CERTIFICATE OF DEATH

M

11412 Reg. Dist. No. /82

1. PLACE OF DEATH G. COUNTY  HARLAR A  MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give rearest lawn)
RURAL ond give nearest town   RURA   25 Years	EMMORTON RUBEL
d. NAME OF HOSPITAL (If not in baspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON 1 FARM? YES NO
3. NAME OF First Middle  (Type or print) FORMY KANNOR )	Last 4. DATE Month Day Year OF DEATH NOV 2 195%
	8. DATE OF BIRTH 9 AGE (In years of UNDER 1 YEAR IF UNDER 24 HPS. last birthday) Months Days Haurs Min
10a USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUS	STRY IT. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY.
House wife	New YORK N.Y. 45
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LOSAPH S KENNERS	Nancy Riletters
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II	NFORMANT Address
Ro	6t. Lea Wilson Beldin Md Box 226
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CARDIO-REST	FAILRE ONSET AND DEATH
Li - DUE 10	
[ ]	D, IYEAK.
gove rise to immediate couse (a), stoting the under- lying couse last.  DUE TO	VEARS IYEAR.
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATA	PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Part II of item 18 )
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st., p. m. 19 While Nat while at work of work	ACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stole)
21. I certify that Lattended the deceased from.	1955, to 2 NOV., 1955 that I last saw the deceased
alive on 3 day , 1956, and that death	occurred at/1.00 ALM, from the causes and on the date stated above.
-01/0 1 M	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE ATT. EMILICAL	M.D. Bel Clin Med 2NOUSTO
NAME (Type)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, fawn, or county) (State)
Burgial Specify Nov 4/56 ST MORY Epi	EMMORTON HORSEL MA
22: PUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
Joseph J Justin Bolan M	and DATE /1-4.36 Prairie of for words

MUREN V. K.

9961 4 ,

11397 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY 5. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If ourside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 1b RURAL and give mearest town d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES T NO D NAME OF Middle DATE Month Year Day DECEASED (Type or print) PEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR OF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years lost birthday) Months DIVORCED [7] WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BUTTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) touse 11/2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move 17. INFORMANT IS. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET-AND DEATH PART I. DEATH WAS CAUSED BY: ronant 110.1 IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO cosse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES TO NO FA 20a. ACCIDENT WAS UNDERLYING ET 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING E CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice blda., etc.) Hour o. m. While Not while of work -et work D. m. 21. I certify that I oftended the deceased from IL. 19.5 Ethot I lost saw the deceased E, and that death occurred at 907 \_\_ M, from the causes and on the date stated above. M. ADDRESS (Street, citygor town, state) DATE SIGNED **ACTUAL** SIGNATURE ā NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF GREMATORY 22d. LOCATION (City, town, or county) (Stote) DEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESO 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) unn DATE / 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH 11414

1. PLACE OF DEATH	of the second se	2. USUAL RESIDENCE	CE (HOME) OF DI	ECEASED	
COUNTY LAPERON		STATE Md.		Washington	
COUNTY  CITY (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	0.17418	COUNTY to fimils, write RURAL or	~	
OR end give necrest town)	(in this place)	OR		nd dive uselezi iowuj	
FDAFMOOD		Town Sharps	burg	2613	K-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS ARMY CHEMI	CAL CENTER	STREET ADDRESS	(If rurel giv	e location)	
NAME OF (First)	(Middle)	(LOSTYE ARRAD)	4. DATE (Mon	(h) (Dey)	(Yeer)
(Type or Print) TERRY	G. W.	YAKRAD'	DEATH A	10× 14	10 5%
. SEX   6. COLOR OR   7. SINGLE, M		OF BIRTH 1 9	. AGE lest birthday	IF UNDER 1 YEAR JIF UN	IDER 24 F
MALE WHITE (Specify)	MARHED NO	V. 23, 1901	54 yrs.		ours Mi
De. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	II. BIRTHPLACE (Siete or foreig	n country)	12. CITIZEN OF	TAHW
retired) ELECTRICIAN CI	VILS ERVICE	Penna		U.S.	A.
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Edward Yatrad		Lent	2		
. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS	Balto	. 111
(es no, or unk.) (If Yes, give war or deles of service)		Man Maria	J Varmad	8515 Oakhei	-
YES   World War No. 1			I larrau -	ODID CAUTET	RII TH
		FRANCE TARRE		IN IPP BY A F	Bergarie
DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH	ERTIFICATION		INTERVAL ONSET AN	
	ATH		LUSION	ONSET AN	ND DEATH
120 IMMEDIATE CAUSE (A)	ATH Co	RENARY OCC		ONSET AN	ND DEATH
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LL-430, 1	ATH Co	RENARY OCC		ONSET AN	ND DEATH
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ANTECEDENT CAUSE(S)  DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Pe. DATE OF OPERATION  19b. MAJOR FINDE TO RECONTRIBUTING CAUSE OF DEATH OF INJURY STREET THER, NOTIFY MEDICAL EXAMINER;  1d. TIME OF INJURY (Month) (Doy) (Yeer) (Hour) M.  12. 1 hereby certify that 1 attended the decrease of the contribution of	NGS OF OPERATION  (Home, ferm, fectory, reel, office bldg., etc.)  21e. INJURY OCCURRED While et work et work	21c. WHERE DID INJURY OCCUR.  21f. HOW DID INJURY OCCUR.  1.1. 19.5.6., to N.C.  at 2.2.9.M., from the ca	(City or town)	20. AU YES [County]  (County)  (a, that I last saw the late stated above.	TOPSY? NO State)
ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, SIVING RISE TO THE ABOVE CAUSE OF THE TOP CAUSE LAST.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.  OF LATE OF OPERATION  19b. MAJOR FINDER OF INJURY STREET OF INJURY STREET  OF INJURY STREET  Id. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)  M.  2. I hereby certify that I attended the desired contents.	NGS OF OPERATION  (Home, ferm, fectory, reet, office bidg., etc.)  21e. INJURY OCCURRED While et work et work deceased from NOV and that death occurred	21c. WHERE DID INJURY OCCUR.  21f. HOW DID INJURY OCCUR.  11. 19.5 G., to NO.  at 19.5 G., to NO.  at 19.5 G., to NO.	EA65/S (City or town)	20. AU YES [ (Counly) ( (Counly) ( And the stated above, on, state) ( DATE	TOPSY? NO State)
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IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO DISEASES OR CONDITIONS, IF ANY, BIVING RISE TO THE ABOVE CAUSE OF CAUSE OUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION (19b. MAJOR FINDS)  DISEASE OR CONDITIONS (19b. MAJOR FI	NGS OF OPERATION  (Home, ferm, fectory, reet, office bidg., etc.)  21e. INJURY OCCURRED While et work et work et work and that death occurred while should be and that death occurred was a second was	21c. WHERE DID INJURY OCCUR.  21f. HOW DID INJURY OCCUR.  21f. 19.5G., to MC.  at 2.99M, from the ca.  ADDR.  EDGEWOOD.  OR CREMATORY	(City or town)	20. AU YES (County)  (County)  (County)  (County)	TOPSY? NO State)
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